

**ISSUE SLIP STAPLE AREA (for additional cross references)**

| POSITION                  | INITIALS           | ID NO.             | DATE     |
|---------------------------|--------------------|--------------------|----------|
| FEE DETERMINATION         | <i>[Signature]</i> | 75231              |          |
| O.I.P.E. CLASSIFIER       |                    | <i>[Signature]</i> | 02-10-00 |
| FORMALITY REVIEW          |                    | <i>[Signature]</i> | 2-2-00   |
| RESPONSE FORMALITY REVIEW |                    |                    |          |

## INDEX OF CLAIMS

|                   |       |            |   |       |              |
|-------------------|-------|------------|---|-------|--------------|
| ✓                 | ..... | Rejected   | N | ..... | Non-elected  |
| =                 | ..... | Allowed    | I | ..... | Interference |
| (Through numeral) | ..... | Canceled   | A | ..... | Appeal       |
| —                 | ..... | Restricted | O | ..... | Objected     |

| Claim |          | Date |
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions  
staple additional sheet here**

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